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Certified Mail Label No. 71603901984122358991 CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 7590 07/12/2006 23370 Certificate of Mailing or Transmission JOHN S. PRATT, ESQ I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. KILPATRICK STOCKTON, LLP 1100 PEACHTREE STREET ATLANTA, GA 30309 Angela M. Rossi (Depositor's name) Luss (Signature 2006 S/eptember (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 38949/293059 3301 10/30/2003 10/699,396 Derek Metcalf TITLE OF INVENTION: ADJUSTABLE CANTILEVERED SHELF 09/27/2006 CNGUYEN1 00000006 10699396 APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID HOLE FEE TOTAL FEE(S) DUE AZYC: RARI \$1400 \$300 \$1700 30.0002.0006 NO nonprovisional **EXAMINER** ART UNIT **CLASS-SUBCLASS** NOVOSAD, JENNIFER ELEANORE 3634 211-059200 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Kilpatrick Stockton LLP (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a Free Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ROCK-TENN SHARED SERVICES LLC Norcross, Georgia Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗷 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies \_\_\_10\_ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0855 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date <u>September 22</u> 2006 Authorized Signature Leroy M. Toliver Registration No. \_ 50 409 Typed or printed name

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